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UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new popprovisional applications under 37 CFR 1 53(b))

Attorney Docket No.	31849.38				
First Inventor	Wade P. Farrow, et al.				
Title	PROGRAMMABLE SURGICAL INSTRUMENT SYSTEM				
Evernes Mail Lebel Ne	EV333435272				

10.11/101	TOTAL TIOMPTOTISIONAL	applications under 57 CFK 1.05(b))	Express Mail Label No.							
See MPEP o		ION ELEMENTS ning utility patent application contents.	ADDRESS TO:	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450						
(Submi 2. Application See 3: 3. Specification - Description - Cross - State - Refer or a c - Back - Brief - Brief	t an original and a ant claims small 7 CFR 1.27. iccation	[Total Pages 15] Int forth below) vention Ited Applications Ind sponsored R & D isting, a table, sting appendix tion vention	8. Nucleotide and/or A (if applicable, all nec a. Computer b. Specifica i. CD-ii. Pap	r Readable Form (CRF) tion Sequence Listing on: -ROM or CD-R (2 copies); or						
_	• • • • • • • • • • • • • • • • • • • •	113) [Total Sheets3] [Total Sheets3]	10. 37 CFR 3.73((when there i	Papers (cover sheet & document(s)) (b) Statement Power of Attorney						
a. Newly executed (original or copy)		11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations								
b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503)								
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			(Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Monpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.							
6. Appl	ication Data She	et. See 37 CFR 1.76	17. U Other: Check	cnt. (\$982)						
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:										
Contin	nuation	Divisional Continua	tion-in-part (CIP) of pr	rior application No.:						
Prior application information: Examiner For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.										
		19. CORRESPONI	DENCE ADDRESS							
Customer Number: 27683		OR Correspondence address below								
Name	J. Andrew Lowe	98								
Address	Haynes and Boone, LLP 901 Main Street, Suite 3100									
City	Dallas	, sake stoo	State TX	Zip Code 75202-3789						
Country			elephone 972-651-7557	Fax 972-692-9057						
Name (Print/Type) Julie M. Nickols Registration No. (Attorney/Agent) 50,826										
Signature Date Oct. 3/2003										

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Wade P. Farrow, et al.

Serial No. Unknown

Serial No. Unknown

Filed: Herewith

For: PROGRAMMABLE SURGICAL
INSTRUMENT SYSTEM

Group Art Unit:

Examiner:

Examiner:

EXPRESS MAIL CERTIFICATE

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Express Mail Number: EV333435272

Date of Deposit: October 31, 2003

I hereby certify that the following attached papers and fee:

- 1. Utility Patent Application Transmittal;
- 2. Fee Transmittal (in duplicate);
- 3. Application Data Sheet;
- 4. Patent Application consisting of 9 pages of specification, 5 pages of claims and 1 page Abstract of Disclosure;
- 5. Three (3) drawing sheets;
- 6. Unexecuted Declaration;
- 7. Unexecuted Assignment;
- 8. Check in the amount of \$982.00;
- 9. Return Postcard

are being deposited with United States Postal Service "Express Mail Post Office to Addressee" to the Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or Printed Name

Signature

PTO/SB/17 (10-03)
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FEE TRANSMITTAL for FY 2004			Complete if Known					
			Application Number			•		
			Filing Date					
Effective 10/01/2003. Patent fees are subject to annual revision.			First Named Inventor Wa		r Wade I	Wade P. Farrow, et al.		
			Examiner Name					
Applicant claims small entity status. See 37 CFR 1.27		Art Unit						
TOTAL AMOUNT OF PAYMENT (\$) 982.00		Attorney Docket No. 31849			31849.	38		
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
Check Credit card Money Other None		3. ADDITIONAL FEES Large Entity Small Entity						
Deposit Account:	Fee	Fee		ee	Fool	Description		
Deposit Account 08-1394		e (\$)	Code (ree	Description	Fee Paid	
Number	1051		2051		-	e filing fee or oath	I	
Deposit Account Haynes and Boone, LLP	1052	2 50	2052		urcharge - late over sheet	e provisional filing fee or		
Name The Director is authorized to: (check all that apply)	1053		1 -		on-English sp		├──┤┃	
Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812 2,	•		est for ex parte reexamination		
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FEE CALCULATION	1251	110	2251			eply within first month		
1. BASIC FILING FEE	1252	420	2252	210 E	xtension for r	eply within second month		
Large Entity Small Entity	1253	950	2253	475 E	xtension for re	eply within third month		
Fee Fee Fee Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740 E	xtension for re	eply within fourth month		
1001 770 2001 385 Helity filing for	1255	2,010	2255	1,005 E	xtension for re	eply within fifth month		
1002 340 2002 170 Design filing fee 770.00	1401	330	2401	165 N	otice of Appe	al´		
1003 530 2003 265 Plant filing fee	1402	330	2402	165 Fi	iling a brief in	support of an appeal		
1004 770 2004 385 Reissue filing fee	1403	290	2403 ·	145 R	equest for ora	al hearing		
1005 160 2005 80 Provisional filing fee		1,510	1451	1,510 Pe	etition to instit	ute a public use proceeding		
SUBTOTAL (1) (\$) 770.00	1452	110	2452	55 Pe	etition to reviv	re - unavoidable		
	1453	1,330	2453	665 P	etition to reviv	ve - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665 U	tility issue fee	(or reissue)		
Extra Claims below Fee Paid	1502	480	2502	240 D	esign issue fe	99		
Total Claims 27 -20** = 7 x 18 = 126.00	1503	640	2503	320 P	lant issue fee		· .	
Claims 4 - 3" = [1		130	1460	130 P	etitions to the	Commissioner ·		
		50	1807	50 P	rocessing fee	under 37 CFR 1.17(q)	<u> </u>	
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)		180	1806			Information Disclosure Stmt		
		40	8021	40 Re	ecording each	n patent assignment per number of properties)		
1202 18 2202 9 Claims in excess of 20	1809	770	2809	•		sion after final rejection		
1201 86 2201 43 Independent claims in excess of 3				(3	37 ČFR 1.129	(a))	├	
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims		770	2810			onal invention to be CFR 1.129(b))		
1204 86 2204 43 ** Reissue independent claims over original patent		1 770	2801	385 F	Request for Co	ontinued Examination (RCE)		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		900	1802		Request for ex f a design app	xpedited examination plication		
SUBTOTAL (2) (\$) 212.00		Other fee (specify)						
**or number previously paid, if greater; For Reissues, see above	Rec	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00						
SUBMITTED BY (Complete (if applicable))								
Name (Print/Type) Julie M. Nickols		Registra		50,82	6	Telephone 972-239-8640		
1 SAISA ILL		(Attorney)	MUERU		-	Date 0.4.31.70	2 3	
Signature Date Oct. 3 2003								

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